

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10 727010

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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48			/			
49			/			
50			/			
TOTAL IND.			55			
TOTAL DEP.			35			
TOTAL CLAIMS			40			

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								